

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/367140</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
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